

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009048)

Address: W7184 GREEN VALLEY RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097233 **End Date:** 05/30/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096293 **End Date:** 01/30/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095026 **End Date:** 05/24/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006297 Served 06/13/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	01/30/2006	Yes
83.16(1)	ADMISSIONS AGREEMENT	01/30/2006	Yes

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Survey ID: 0093743 End Date: 11/18/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009798 Served 12/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	12/08/2004	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	12/08/2004	Yes

Survey ID: 0090920 End Date: 07/30/2003 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006293 Served 09/02/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	05/24/2005	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	05/24/2005	Yes
83.16(1)	ADMISSIONS AGREEMENT	01/30/2006	Yes
83.16(4)(a)	ABILITY TO PAY	05/24/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	05/24/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	05/24/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	05/24/2005	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	05/24/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	09/30/2003	Yes
83.42(3)(c)	EXIT DIAGRAM POSTED	09/03/2003	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/24/2005	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 06/10/2005 **SOD #10006297** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(7)(b)
FORFEITURE---83.16(1)

Date: 08/28/2003 **SOD #10006293** **Appealed: No**

Sanctions

PROVIDE TRAINING

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 05/12/2006

Date Investigation Completed: 05/30/2006

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/20/2005

Date Investigation Completed: 01/30/2006

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/15/2005

Date Investigation Completed: 01/30/2006

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
-migrated data -

SOD #

NOT RECORDED

Date Complaint Received: 04/05/2005

Date Investigation Completed: 05/24/2005

Subject Area(s)
SUPERVISION
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/23/2004

Date Investigation Completed: 11/18/2004

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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